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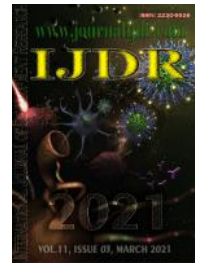
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REVIEW ARTICLE

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IMPORTANCE OF NURSES IN THE ATTENDANCE AND TREATMENT OF PATIENTS ATTENDED AT CAPS

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ABSTRACT

Since the psychiatric reform, which sought to empty the asylums, due to the inhuman treatment that was given to patients with mental disorders, and sought a way of humanization of the system reinserting the patient in the family and social life, however the model has faced many difficulties, from the qualification of professionals to the adequacy of the method to be implemented, among the various professionals that make up the teams, we can find in all the training the nurse, because he is a professional of crucial importance for the performance of the actions directed to the treatment with the patient and his / her family, in which CAPS implements actions to reintegrate the patient with social and family life, seeking to reduce suffering and improve the quality of life for the patient. The study intends to deal with the difficulties faced by the nursing professional and the peculiarities of CAPS patient care. The present study comes to the field in order to perceive the difficulties and the peculiarities of the nursing care to CAPS patients. In order to produce knowledge about the subject and to be able to subsidize the discussion of the subject and to stimulate future in-depth studies, as well as to help the professional who works in that center, in the improvement of his actions and plans of possible improvements in the process. The main objective of this study was to describe the importance of nurses in the care and treatment of patients treated at CAPS, according to current literature. Specifically expand the knowledge about the health service provided by the CAPS, identify the role of the nurse in the recovery of CAPS patients. As a methodology, a bibliographical research was used, having as an area of study materials published in the electronic databases Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Virtual Library of the Ministry of Health (BVSMS) and National University Magazines, in addition to this, publications of the Ministry of Health were also used.

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INTRODUCTION

In Brazil, with the advent of the psychiatric revolution that sought to empty the beds of psychiatric hospitals, the Psychosocial Care Centers (CAPS) were created, which seeks the humanization of care for mental patients, and still seeks the best model to develop this care (RODRIGUES, 2007). Since the psychiatric reform, where it was sought to empty the asylums, due to the inhuman treatment that was given to patients with mental disorders, the humanization of the

system was sought, reinserting the patient in the family and social life, however the model has faced many difficulties, which range from the qualification of professionals to the adaptation of the method to be implemented (RODRIGUES, 2007). The emptying of psychiatric hospital beds led to the creation of the Psychosocial Assistance Centers (CAPS), divided into modalities, and composed of multiprofessional teams that would work on "thesis" in an interdisciplinary way, where the most diverse actions of different professionals, would have in its essence a correlation (BRASIL, 2011). Among the various professionals who make up the teams, we

can find nurses in all backgrounds, as they are professionals of crucial importance for carrying out actions in the centers and who will deal with what is recommended, directly in dealing with the patient and their families. , implementing actions whose main scope is the reinsertion of the patient with the disorder, social and family life, and seeking to reduce suffering and improve the quality of life for this patient. The study intends to address the difficulties faced by the nursing professional and the peculiarities of patient care at CAPS. The present study comes into the field in order to understand the difficulties and peculiarities of nursing care for CAPS patients. In order to produce knowledge about the theme and to be able to support the discussion of the theme and to encourage future in-depth studies, as well as to help the professional who works in that center, in the improvement of his actions and plans for possible improvements in the process. With the general objective of describing the assistance and importance of nurses in the care and treatment of patients treated at CAPS according to the current literature. Specifically, to expand knowledge about the health service provided by CAPS, to identify the role of nurses in the recovery of CAPS patients.

METHODOLOGY

The present study is by secondary sources an exploratory bibliographic review with a qualitative approach, based on the precepts of Lakatos and Marconi (2001), in which it characterizes the bibliographic research in a comprehensive way, as all the literature already published related to the subject of study, with the objective to bring the researcher closer to everything that has already been said or written about a particular object of study. Bibliographic research implies that the necessary data and information are obtained from the survey of specialized authors through books, scientific articles and specialized magazines, among other sources (LAKATOS, 2001). The proposed theme for this bibliographic review is the clinical, legal, and family aspects of nursing care at CAPS do Brasil. To this end, we sought to separate the methodological process into stages. The study area covered materials published in the electronic databases Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Virtual Library of the Ministry of Health (BVSMS) and University Magazines Nationals, in addition to this, publications from the Ministry of Health were also used. The population involved in the study consisted of scientific articles, periodicals and books. The selected sample of these articles in number of 20 occurred from the descriptors on health, nursing, mental health, unified health system. The number of 09 books all as a source or virtual libraries of the Ministry of Health, totaling a sample of 29 publications. The bibliographic survey was restricted to publications from 1990 to 2017. Published in Brazilian Portuguese. An exploratory reading of all collected material was adopted, reaching and making the necessary adjustments to meet the research criteria. Soon after, the essential parts were selected, that is, those that had the fundamental information of the research. In this stage, an analytical reading was carried out with the purpose of ordering and summarizing the information contained in the researched sources, in order to facilitate the use of the information to answer the research problem and achieve the objectives proposed at the beginning of the study. As well as the relevance, coherence and differences of thoughts and criticisms related to the theme were observed, making it easier to discuss the results.

RESULTS AND DISCUSSION

Importance of nurses in the service and treatment of patients care in caps

In studies, the importance of nursing in the care and assistance to patients with disorders was observed, highlighting some authors in the period from 1990 to 2017. In view of this, some objectives and conclusions were collected for better clarification. From the articles read, it became evident that the nursing care provided is still sometimes flawed and insufficient to have adequate and

recommended resocialization, which is of fundamental importance to patients. The CAPS are formally defined by Ordinance No. 244 of January 29, 1992, of the Ministry of Health, with regional / regionalized units, which have an enrolled population defined by the local level and which provide intermediate care between the outpatient and the outpatient care. hospitalization, in one or two four-hour shifts, by a multidisciplinary team (ROSA et al., 2012). It should be noted that the Psychosocial Care Centers were created as an alternative to the psychiatric hospital and regulated by Ordinance 336/2002 (which classifies them, in increasing order of size / complexity and population coverage, in CAPS I, II, II, i - infant - and AD). According to Ordinance No. 336, of February 19, 2002, the human resources that must be part of the CAPS teams are: physician with training in mental health; nurse; higher level professionals among the following professional categories: psychologist, social worker, occupational therapist, pedagogue or other professional needed for the therapeutic project, medium level professionals: nursing technician and / or assistant, administrative technician, educational technician and artisan. The work at CAPS is something to be built, in each team, according to their peculiarities. The Psychosocial Care Center is proposed as a space for creativity, for building life, which, instead of excluding, medicalizing and disciplining, welcomes, cares and establishes bridges with society. The activities to be developed in these devices are listed in the said Ordinance, referring to the "team": individual care (medication, psychotherapy, guidance, among others), in groups (psychotherapy, group operativo, atividades de suporte social, entre outros), em oficinas terapêuticas, à família, visitas e atendimentos domiciliares e atividades comunitárias enfocando a integração social do usuário na família e na comunidade. As far as the Psychosocial Care Center (CAPS) is concerned, it can be inferred that the professionals of the nursing team perform actions together, interconnecting themselves and understanding each other in what may be best for the care of individuals with mental disorders. However, there are some mistakes regarding its role with the interdisciplinary team of CAPS (SANTOS, 2006).

With regard to nursing, it has been developing over the years and seeking to meet the proposals arising from the Psychiatric Reform, which requires health professionals to practice contrary to that started with traditional psychiatry, characterized by isolation and punitive treatment, focused on the physical and chemical containment of these customers. Castro (2007) reports that nursing is of primary importance, in the lives and treatment of these patients, families are instructed on the importance of maintaining the bond, however it is necessary to have greater depth in the approach on the knowledge of the treatment needs focusing on the model of life and culture. Garrido and Santos (1998) highlights in their study about the challenges in mental health in Brazil, that health professionals have a fundamental role in the context of public policies, aimed at patients with mental disorders. Nurses, in turn, play a fundamental role in assisting the patient in psychosocial rehabilitation processes. The nurse-patient relationship has already been called by a variety of terms that include "therapeutic nurse-patient relationship", "psychiatric nursing therapy", "supportive psychotherapy", "rehabilitation therapies" and "non-directive counseling". This nurse-client relationship evolves into a relationship of great partnership between both, which expands the dimensions of the role of psychiatric nursing, which inserts clinical competence, defense of the patient-family, fiscal obligation, interdisciplinary cooperation, social responsibility and ethical parameters and cool. Everyone is part of this society (TAYLOR, 1992). The nurse's role is anchored in ideas that deal with alienation and contradiction in reason, in these points the individual often depends on care, on someone who is conscious in order to offer help with treatment. The nurse plays a very important role, and as a goal of success, needs qualification, so that he is able to understand and care for such special patients. This professional has great responsibility, important tasks, for representing the safe side of those who need support during treatment. Encouraging showing correct paths, pointing out techniques and technologies capable of providing support to the patient, in order to obtain an improvement (CORRÊA, 2017).

This care depends on the understanding of the patient's behavior and how to react. It is necessary to learn to look at the patient as his neighbor, being both a nurse and an ordinary person. The more prepared the nurse is to understand human behavior and deal with it, the more confidence he will have in his ability to respond to the challenges of his client's emotional needs. The Family Health Strategy (FHS) fulfilled the mandatory care, since family responsibility is an element that influences the action and guarantee of patient care and brings him a certainty that he will be cared for and, with that, he can return to his life. , and the activities in their home, so that another patient who needs public services in mental health is seen. This is a new type of major change in the current system. This transformation of the Health System is characterized as a privileged scenario for the implementation of marked changes in practices and knowledge in the mental health area, so that the family intermediated the treatment of their loved ones.

On this issue, Stuart and Laraia (2001) analyze: Only in the late 1930s did nursing training begin to recognize the importance of psychiatric knowledge in general nursing care for all diseases. An important factor in the development of psychiatric nursing was the emergence of somatic therapies, such as psychosurgery, insulin shock therapy and electroconvulsive therapy, making patients more susceptible to treatment. Psychiatric nursing then becomes a factor of guarantees for the treatment of people. The therapies represented a relief to the suffering of those who needed primary care in the field of psychiatry. The authors also assert that as somatic therapies evolved, nurses began their efforts to define their role as psychiatric nurses. The contemporary practice of psychiatric nursing occurs in a social and environmental context. Its function has grown in complexity since its original historical elements. Today it encompasses the dimensions of clinical competence, defense of the patient, the family, fiscal responsibility, interdisciplinary preparation, social responsibility and ethical and legal parameters (STUART; LARAIA, 2001). It is noted that social responsibility and legality become reference points for the nurse to assist the patient with dignity. These factors can interfere in the relationships of trust between the family and the professional, since care requires involvement with the other, it is connected to the idea of co-responsibility for the other, of being involved with the suffering of the other, of solidarity up with each other. It is assumed, therefore, that bonding with someone is an act that requires availability for the other, in the various types of intrapersonal and interpersonal relationships and educational practices. In order to have an educational process, it is necessary to have assistance to patients, and accompaniment from the family for the success of a good treatment. It is worth noting that CAPS is important in the family's engagement in the treatment and recovery of the patient through its multiprofessional team (CORRÊA, 2017). If the CAPS team is not having success, it is necessary to look for reasons to revert the situation, and to enhance development improvements, thereby establishing the greatest bond between family and patient.

The nurses' space at the CAPS is not given, and must be earned from their insertion in the therapeutic projects, from their participation in the team discussions. It is also important to explore the conditions of possibilities for this insertion, so that the questions / answers that emerge in everyday life become important instruments for deconstructing silencing practices and building towards creation, which allows us to revisit life with quality. This is only done in the light of desire, based on the deep engagement of the professionals who make up the CAPS team. The author Filizola (1990) reports the importance of nurses and their relationship in the care, treatment, and practice of the method of implementing the patient to society, so nursing professionals need to understand the needs of each patient and indicate the best way to face divergences and experienced situations. Aiming to plan and develop actions that can contribute to this treatment. For the therapeutic possibilities to increase through the group therapeutic process of health care, it is necessary that the professional is prepared to recognize and understand the crisis that motivates the search for help. For that, it is necessary that your assistance promotes information, health education, reflection and

support. The group is a way of exploring these aspects, and must go through the need to meet a high demand or an informal way of providing assistance. It is necessary to observe each case, being necessary special attention due to fear, despair, lack of attention from families, problems of acceptance, therefore, professionals need to monitor, guide about possible changes. For this to happen, nursing guidelines are essential (SANTOS, 2006). It is understood that professional action in the health field is multidetermined by factors related to the academic education of the nurse, the personal characteristics of the professional and the conjunctural characteristics of the society itself. However, it is extremely important that nursing acquires competence and skills to meet the needs of the population, supported by their own knowledge, building their place in the health production process, so that it will intertwine with other professionals.

Systematization of Nursing Care in Mental Health: Systematization of Nursing Care in Mental Health Psychic suffering is a process that involves several factors such as subjective, social, as well as cultural aspects, and its dimensions affect not only those who suffer, but also the people they live with. It is everyday in health services that we encounter many individuals who suffer and seek care, but the disease hardly explains all their suffering. The Mental Health Notebook of the Ministry of Health points out that a challenge for health services is to care both for those who are sick without suffering and for those who suffer without being sick:

“It is those who are sick without suffering who make diabetes mellitus, hypertension and obesity the most common risk factors for cardiovascular and cerebrovascular diseases. It is those who suffer without being sick that fill the AB agendas and inflate the prevalence of depression and anxiety statistics. At this point, let's remember that it is not just the disease that mobilizes the care of health professionals, but people who suffer and, sick or not, seek help. Therefore, saying that a person is not sick does not mean that he does not need care”.

The most common symptoms in primary care are depressive, anxious and somatizing (so-called physical complaints without clinical explanation). About one in four people who visit health centers have a common mental disorder. Studies show that if we also include those who have some mental suffering, the proportion reaches one person in distress for every two people who seek primary care. A highly relevant demand, despite being rarely motivated by a user complaint, are social, family and clinical problems related to the use / abuse of alcohol and other drugs. Problems related to alcohol use are the most frequent in the Brazilian population, with 12.3% dependence on adults. Other drugs except tobacco and alcohol have dependency rates: marijuana 1.5%, benzodiazepines 0.8% and stimulants 0.2%. However, there is a prevalence of lifetime use of illicit drugs, reaching 24.5%, in the Southeast region of the country. Depression is one of the main causes of disability and ranks fourth among the top ten pathologies worldwide. There are estimates, in the next 20 years, to be the second among the main causes of diseases worldwide. One million people commit suicide annually and about 10 to 20 million attempt to commit suicide, a fact that can have physical and social consequences for users; besides burdening the health system. Serious and persistent mental disorders, which include schizophrenia and mood disorders, affect about two in every 100 adults, however they have a huge impact on the health of people and their families, as they need supported self-care.

An articulated care network with co-responsibility between their levels of care is essential to make possible the comprehensive care of users in distress, sick or not. Regardless of the level of health care, the therapeutic relationship is a nursing care technology and a mental health action that allows the understanding of the user's life experiences, and must be performed free of moral judgment by the health team, with the objective of stimulating the participation of individuals in making therapeutic decisions. The nursing team has a fundamental role in listening to and surveying these health needs, acting in the articulation of the knowledge of the multidisciplinary team, in actions in the territory, coordinating the care of these users

and providing comprehensive and longitudinal care. For this, it is necessary that health teams know / understand the territory, the family support network, their bonding relationships, including with the health team, aiming at building a unique therapeutic project.

Final Considerations

This research aimed to analyze the importance of the professional nurse, in the organization of the CAPS, with its purposes, and the issues of psychiatric patients. At the same time, we have studied the history of mental patients throughout the century. The study was developed from the theoretical assumption referring to psychiatry, considering its aspects of CAPS structures and organization, through the texts made available by the Ministry of Health, and scientific literature databases. It was clarified that the training of nursing professionals establishes a practice of understanding human development as a way of promoting qualitative changes in social segments. With the optimization of services, patients and their families will be able to obtain satisfactory results after treatment, which may last for years or may be brief. The authors who founded this research conclude that the challenge is to advance in the understanding of the conception of the health-disease process and in the formulation of work processes based on the scope of the determinants, through the understanding that mental health also has its origin in the scope of social reproduction and not only in the results of the health-disease process. The nurse, together with the multiprofessional team, has the role of improving the patient's situation, making it a crucial part of the treatment, having total stability and development. The principle that governs nursing is the responsibility to show solidarity with people, groups, families and communities, aiming at mutual cooperation between individuals in the conservation and maintenance of health, it is important to think about care based on psychosocial attention. The concept of care gives nurses a dimension of the type of care they seek to provide to the client: care not in the charitable sense and with the connotation of duty and obligation that still persists, care that is not only aimed at suppressing symptoms, but rather, which seeks the challenge of creating spaces of welcome and tolerance for people in psychological distress. The Nurse is one of the elements that make up the multiprofessional team in the health system: it collaborates in the planning and execution of the programs to be developed and due to the intimacy with the problems, it is the accredited element to identify the patient's needs, being the human contingent of greater sensitivity in promoting the health of the individual and the community.

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